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EPA and HHS Announce New Scientific Assessments and Actions on Fluoride

Agencies working together to maintain benefits of preventing tooth decay while preventing excessive exposure

WASHINGTON – The U.S. Department of Health and Human Services (HHS) and the U.S. Environmental Protection Agency (EPA) today are announcing important steps to ensure that standards and guidelines on fluoride in drinking water continue to provide the maximum protection to the American people to support good dental health, especially in children. HHS is proposing that the recommended level of fluoride in drinking water can be set at the lowest end of the current optimal range to prevent tooth decay, and EPA is initiating review of the maximum amount of fluoride allowed in drinking water.

These actions will maximize the health benefits of water fluoridation, an important tool in the prevention of tooth decay while reducing the possibility of children receiving too much fluoride. The Centers for Disease Control and Prevention named the fluoridation of drinking water one of the 10 great public health achievements of the 20th century.

"One of water fluoridation's biggest advantages is that it benefits all residents of a community—at home, work, school, or play," said HHS Assistant Secretary for Health Howard K. Koh, MD, MPH. "Today's announcement is part of our ongoing support of appropriate fluoridation for community water systems, and its effectiveness in preventing tooth decay throughout one's lifetime."

"Today both HHS and EPA are making announcements on fluoride based on the most up to date scientific data," said EPA Assistant Administrator for the Office of Water Peter Silva. "EPA's new analysis will help us make sure that people benefit from tooth decay prevention while at the same time avoiding the unwanted health effects from too much fluoride."

HHS and EPA reached an understanding of the latest science on fluoride and its effect on tooth decay prevention, and the development of dental fluorosis that may occur with excess fluoride consumption during the tooth forming years, age 8 and younger. Dental fluorosis in the United States appears mostly in the very mild or mild form – as barely visible lacy white markings or spots on the enamel. The severe form of dental fluorosis, with staining and pitting of the tooth surface, is rare in the United States.

There are several reasons for the changes seen over time, including that Americans have access to more sources of fluoride than they did when water fluoridation was first introduced in the United States in the

1940s. Water is now one of several sources of fluoride. Other common sources include dental products such as toothpaste and mouth rinses, prescription fluoride supplements, and fluoride applied by dental professionals. Water fluoridation and fluoride toothpaste are largely responsible for the significant decline in tooth decay in the U.S. over the past several decades.

HHS' proposed recommendation of 0.7 milligrams of fluoride per liter of water replaces the current recommended range of 0.7 to 1.2 milligrams. This updated recommendation is based on recent EPA and HHS scientific assessments to balance the benefits of preventing tooth decay while limiting any unwanted health effects. These scientific assessments will also guide EPA in making a determination of whether to lower the maximum amount of fluoride allowed in drinking water, which is set to prevent adverse health effects.

The new EPA assessments of fluoride were undertaken in response to findings of the National Academies of Science (NAS). At EPA's request, NAS reviewed new data on fluoride in 2006 and issued a report recommending that EPA update its health and exposure assessments to take into account bone and dental effects and to consider all sources of fluoride. In addition to EPA's new assessments and the NAS report, HHS also considered current levels of tooth decay and dental fluorosis and fluid consumption across the United States.

Comments regarding the EPA documents, Fluoride: Dose-Response Analysis For Non-cancer Effects and Fluoride: Exposure and Relative Source Contribution Analysis should be sent to EPA at FluorideScience@epa.gov. The documents can be found at http://water.epa.gov/action/advisories/drinking/fluoride_index.cfm

The notice of the proposed recommendation will be published in the Federal Register soon and HHS will accept comments from the public and stakeholders on the proposed recommendation for 30 days at CWFComments@cdc.gov. HHS is expecting to publish final guidance for community water fluoridation by spring 2011. You may view a prepublication version of the proposed recommendation at: http://www.hhs.gov/news/press/2011pres/01/pre_pub_frn_fluoride.html.

More information about the national drinking water regulations for fluoride:
<http://water.epa.gov/drink/contaminants/basicinformation/fluoride.cfm>

Q&A's on latest EPA actions on fluoride:
http://water.epa.gov/lawsregs/rulesregs/regulatingcontaminants/sixyearreview/upload/2011_Fluoride_QuestionsAnswers.pdf

More information on EPA's fluoride assessment and to comment:
http://water.epa.gov/action/advisories/drinking/fluoride_index.cfm

More information about community water fluoridation, information on tooth decay prevention and dental fluorosis: <http://www.cdc.gov/fluoridation>.